PTO/SB/17 (12-04) substitute (kmp) Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

kmp)

8)	Complete if Known			
Application Number	10/069,100			
Filing Date	October 21, 2002			
First Named Inventor	Martin P. USHER et al.			
Art Unit	2617			
Examiner Name	Kiet M. Doan			
Attorney Docket Number	11696.4009			
	Filing Date First Named Inventor Art Unit Examiner Name			

METHOD OF PA	YMENT (chec	k all that apply)				
Check Cre		Money Order	None	Other (p	lease identify):	lohnson	IID
Deposit Account	Deposit Account N	rumber: 13-4233	Dej	posit Account Name:	<u>Steptoe o</u>	<u> Johnson</u>	LLF
For the above-iden Charge fee(s)	tified deposit ac indicated below	-		authorized to: (d arge fee(s) indic			filing fee
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	dditional fee(s) r 37 CFR 1.16 a	or underpayment	ts 🔼 Cre	edit any overpay	ments		
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auditorization on F10-2030.							
FEE CALCULATION							
1. BASIC FILING,SEAR	CH, AND EXA	MINATION FEES	5				
	FILING	G FEES	SEARC	CH FEES	EXAMINAT	ION FEES	
Application Type	Fee (\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	-
Design Plant	200 200	100 100	100 300	50 150	130 160	65 80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEE	s			•			Small Entity
Fee Description	dia - Daia					Fee (\$)	Fee (\$)
Each claim over 20 (inclu Each independent claim of		Reissues)				50 200	25 100
Multiple dependent claims		,				360	180
Total Claims	Extra Claim	s Fee(\$) Fee	Paid(\$)	M	ultiple Depende	ent Claims	
O -20 or HF HP = highest number of tot		x 25 =	\$		Fee(\$)	Fee Paid (\$)	
Indep. Claims O -3 or HP+	Extra Claim		Paid(\$) 0.00				
HP = highest number of ind	lependent daims pa						
3. APPLICATION SIZE	FEE			٠			
If the specification and of 37 CFR 1.52(e)), the							
thereof. See 35 U.S.				iali entitiy) ioi e	acii addition	ai 50 Sheets 0	rifaction
Total Sheets	Extra Sheets			onal 50 or frac	tion thereof	Fee (\$)	Fee Paid (\$)
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4. OTHER FEE(S)	opeal Bri	ief (\$500)	and Tv	vo Monti	n Extens	sion	
•	Time (\$4	•				Fees Pa	id (\$)
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SUBMITTED BY			
Signature	Varles D. Stevens 53638 for Registration No. 36,715	Telephone	(202) 429-3000
Name (Print/Type)	Scott D. Watkins	Date	3/19/07